



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional) 19603/3355  
(CRF D-1595E)

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 9, 2005.		In re Application of Barany et al.
Signature: 		Application Number 09/963,698
Name: Wendy L. Barry		Filed September 26, 2001
		For DETECTION OF NUCLEIC ACID SEQUENCE DIFFERENCES USING THE LIGASE DETECTION REACTION WITH ADDRESSABLE ARRAYS
		Group Art Unit 1639
		Examiner P. Ponnaluri

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows  
(check time period desired):

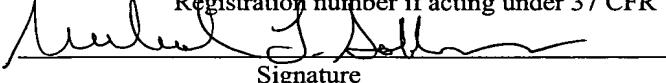
- |  |           |
|--|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)  | \$ _____  |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)   | \$ 450.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)   | \$ _____  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)  | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)   | \$ _____  |
| <input type="checkbox"/> Applicant claims small entity status.   |           |
| <input checked="" type="checkbox"/> A check to cover the fee is enclosed.  |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |           |
| <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.   |           |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1138</u> . I have enclosed a duplicate copy of this sheet. |           |

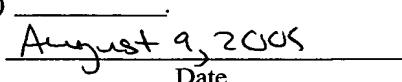
**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the  applicant/inventor

- |   |
|---|
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |
| <input checked="" type="checkbox"/> attorney or agent of record.  |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).  |

Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_.

  
Signature

  
Date

\_\_\_\_\_  
Michael L. Goldman  
\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
(585) 263-1304  
\_\_\_\_\_  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

- Total of 1 form is submitted.

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450.00 OP

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